| | • 2 | | | | | | سفي سقي | | ٠. | 10 | 767 | 69x | |
|--|--|---|--------------|-----------------------------------|--------------------|------------------|---------|---|------------------------|-------|---------------------|------------------------|--|
| سره. | PATENT | APPLICATIO Effect | | Application or Docket Number | | | | | | | | | |
| Effective October 1, 2003 CLAIMS AS FILED - PART I | | | | | | | | HES 2003-IP-01277141 | | | | | |
| | | CLAIMS A | | (Column 1) | | (Column 2) | | SMALL ENTITY TYPE | | OR | OTHER SMALL | | |
| TOTAL CLAIMS | | | 45 | | | | | RATE | FEE |] | RATE | FEE | |
| FOR | | | NUMBER FILED | | NUMB | NUMBER EXTRA | | BASIC FE | 385.00 | OR | Basic Fee | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | | 42_minus 20= | | .25 | | | X\$ 9= | | OR | X\$18= | 450 | |
| | EPENDENT C | | 2 minus 3 = | | | | | X43= | | OR | X86 - | - | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | +145= | | OR | +290= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | _ | TOTAL | | OR | TOTAL | 1220 | |
| CLAIMS AS AMENDED - PART II [D[22604 (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENTA | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 42 | Minus | · 4 | 2 | _] | | X\$ 9= | | OR | X\$18= | | |
| | Independent | . 3 | Minus | 3 | | | | X43= | | OR | X86= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +145= | | OR | +290= | | |
| | | | • | | | | A | TOTAL | | OR | TOTAL ADDIT. FEE | | |
| ////-05 (Column 1) (Column 2) (Column 3) | | | | | | | | | | ۱ (| | | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUMI PREVIC PAID I | BER JUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| DME | Total | . 40 | Minus | - 4. | 2 | 2 | Γ | X\$ 9= | | OR | X\$18= | | |
| MEN | Independent | • 3 | Minus | ••• 3 | 3 | = . | T | X43= | | OR | X86= | | |
| 4 | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | T | +145= | · | OR | +290= | | |
| | | | | | | | | TOTAL DOT. FEE | | OR | TOTAL ADDIT, FEE | - | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | WUII. FEEI | ٠. | |
| DMENTC | | CLAIMS REMAINING AFTER AMENDMENT | · | HIGHE NUME PREVIO PAID I | EŞT BER USLY | PRESENT | ſ. | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| K | Total | • | Minus | | | 2 | F | XS 9= | | | X\$18= | | |

FORM PTO-875 (Rev. 10/03)

Independent

Minus

* If the ntry in column 1 is less than the entry in column 2, write "U" in column 3.

"If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriat box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Person and Transmitte Otion U.S. DEPARTMENT OF COMMERCE

X43=

+145=

X86=

+290=